# DENTAL PLAN - 2007

Administered by Blue Cross/Blue Shield of Montana
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

**Deductible**
$50/Member
$150/Family

**Monthly Premiums**

| | |
|---|---|
| Employee only | $27.80 |
| Employee and spouse | $33.80 |
| Employee and children | $40.80 |
| Employee and family | $45.80 |
| Joint Core | $33.80 |

Enrollment/Change Form

| Covered Services | Plan Pays | Limitations/Maximums |
|---|---|---|
| Type A: Preventive and Diagnostic | • 100%** | • One full-mouth X-ray or series in any 36-month period.<br>• One set of supplementary bitewing X-rays in any 180-day period.<br>• Two exams and/or cleanings in any benefit year. (Fluoride application covered through age 16.)<br>• No deductible or yearly dollar maximum apply. |
| Type B: Fillings, Oral Surgery, etc. | • 80%** | • Subject to $50 combined (with type C) deductible<br>• Subject to $1,200 combined (with type C) yearly maximum |
| Type C: Dentures, Bridges, etc. | • 50%** | • Subject to $50 combined (with type B) deductible<br>• Subject to $1,200 combined (with type B) yearly maximum<br>• Replacement crowns and dentures are limited to once every five years.<br>• Dental sealants – limited to covered dependents under age 16 – may be applied to molars once per tooth per lifetime. |

**Of allowable charges.

## GENERAL INFORMATION

### INSTRUCTIONS

1. Read about the Dental Plan on this page.

2. Review the costs and coverage of the plan, and decide if dependent dental coverage is right for your household.

3. Mark which dependents you choose to cover by completing the Enrollment/Change Form.

### WHO IS ELIGIBLE?

Employees are required to elect dental insurance unless they waive the benefit package. Members also choose which dependents (spouses, domestic partners, children) to cover within 31 days of date of hire or within 63 days of a qualifying event such as marriage, birth, or adoption.

Dental plan benefits are paid differently depending on the type of service received.

There is a $50 per member, $150 family deductible for Type B & C services only. The deductible does not apply to Type A preventive services.

Each member and dependent has a maximum yearly benefit of $1,200 for Type B & C services only.

If you use a Blue Cross Blue Shield participating dentist, you will not be responsible for costs beyond the allowable charges for covered services.

### TYPE A SERVICES

The Dental Plan pays 100 percent of the allowable charges for Type A Services (not subject to deductible or yearly maximum):

1. Diagnostic – Dental X-rays required in connection with the diagnosis of a specified condition requiring treatment. Dental X-rays are limited to one full mouth X-ray or series in any 36-month period and two sets of supplementary bitewing X-rays per benefit year.

2. Preventive – Oral examination, including prophylaxis (cleaning) and topical application of fluoride for dependent children under 16 years of age, but *not more than two examinations and/or applications in any benefit year*.

3. Unscheduled minor emergency treatment to relieve pain.

### TYPE B SERVICES

The Dental Plan pays 80 percent of the allowable charges (after deductible) for Type B Services:

1. Passive space maintainers
2. Extractions
3. Fillings
4. Mucogingivoplastic surgery
5. Endodontics
6. Periodontics
7. Oral surgery

### TYPE C SERVICES

The Dental Plan pays 50 percent of the allowable charges (after deductible) for Type C Services:

1. Crowns, bridge abutments (bridge retainers crowns), inlays, onlays, pontics and gold and porcelain fillings. Replacement of crowns is limited to once every five years.

2. Bridges.

3. Repair and rebasing of existing dentures.

4. Initial and replacement dentures, limited to no more than one set of replacement dentures in any 5-year period.

5. Up to $1,500 per person, per lifetime for Dental Implants while under the plan. Maximum separate from yearly maximum.

6. Dental sealants, limited to covered dependents under age (16) applied to molars once per tooth per lifetime. Repair and resealing are not covered.